

Please type a plus sign (+) inside this box -



PTO/SB/05 (1/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 0819-448	
		First Inventor or Application Identifier: Hidetoshi ISHIDA et al.	
		Title: SEMICONDUCTOR DEVICE	
		Express Mail Label No.	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Pages [20] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets [7]</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages [3]</p> <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>		<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS			
<p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Copies of IDS Citations (IDS)/PTO-1449</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document</p> <p>16. <input type="checkbox"/> Other:</p> <p>*A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.</p>			
<p>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner: _____ Group/Art Unit: _____</p>			
18. CORRESPONDENCE ADDRESS			
<p><input checked="" type="checkbox"/> Customer Number or Bar Code Label Customer No. 22204 or <input type="checkbox"/> Correspondence address below</p> <p style="text-align: center;">(Insert Customer No. or Attach bar code label here)</p>			
<p>Name: Eric J. Robinson Firm: NIXON PEABODY LLP Address: 8180 Greensboro Drive, Suite 800 City: McLean State: VA Zip Code: 22102 Country: U.S.A. Telephone (703) 790-9110 FAX (703) 883-0370</p>			
Name: Eric J. Robinson		Registration No. 38,285	
Signature		Date: 11-7-2000	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

BEST AVAILABLE COPY

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="font-size: small; margin-top: 10px;">Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</p>		Complete If Known					
		Application Number					
		Filing Date		November 8, 2000			
		First Named Inventor		Hidetoshi ISHIDA et al.			
		Examiner Name					
Group Art Unit							
TOTAL AMOUNT OF PAYMENT		\$750.00		Attorney Docket Number 0819-448			
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No. 19-2380 Deposit Account Name: NIXON PEA8ODY LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES					
		Large Entity		Small Entity			
		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
		105	130	205	65	Surcharge-late filing fee or oath	
		127	50	227	25	Surcharge-late provisional filing fee or cover sheet	
		139	130	139	130	Non-English specification	
		147	2,520	147	2,520	For filing a request for reexamination	
		112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
		115	110	215	55	Ext for reply within first month	
		116	380	216	190	Ext for reply within second mth	
		117	870	217	435	Ext for reply within third mth	
		118	1,360	218	680	Ext for reply within fourth mth	
		128	1,850	228	925	Ext for reply within fifth month	
		119	300	219	150	Notice of Appeal	
		120	300	220	150	Filing brief in support of appeal	
		121	260	221	130	Request for Oral Hearing	
		138	1,510	138	1,510	Petition to institute public use proceeding	
		140	110	240	55	Petition to revive-unavoidable	
		141	1,210	241	605	Petition to revive-unintentional	
		142	1,210	242	605	Utility issue fee (or reissue)	
		143	430	243	215	Design issue fee	
		144	580	244	290	Plant issue fee	
		122	130	122	130	Petitions to the Commissioner	
		123	50	123	50	Petitions related to provisional applications	
		126	240	126	240	Submission of IDS	
		581	40	581	40	Recording each patent assignment per property (times number of properties)	\$40.00
		146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))	
		149	760	249	380	For each additional invention to be examined (37 CFR 1.129(b))	
		Other _____					
		Other _____					
		*Reduced by Basic Filing Fee Paid					
		SUBTOTAL (3)					\$40.00
SUBTOTAL (1)		\$710.00					
SUBTOTAL (2)		-0-					
SUBMITTED BY						Complete (if applicable)	
Typed or Printed Name		Eric J. Robinson				Reg. Number	38,285
Signature				Date	11-7-2000	Deposit Account User ID	19-2380

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY